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May 19, 2005

**FAX**

RECIPIENT/ PHONE NO.	FAX NO.	COMPANY/ CITY, STATE, COUNTRY
MAIL STOP AMENDMENT	703-872-9306	U.S. Patent and Trademark Office Alexandria, VA

 Kristin J. Doyle  
 FROM

7326

REFERENCE NO

18

PAGES (WITH COVER)

V0028/260870

CLIENT/MATTER NO.

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**COMMENTS**

The U.S. Patent and Trademark Office is asked to acknowledge receipt of the following:

1. Transmittal Form PTO/SB/21
2. Fee Transmittal Form PTO/SB/17
3. Credit Card Payment Form PTO-2038 (\$120)
4. PTO/SB/22 Petition For Extension Of Time Under 37 CFR 1.136(a)
5. Amendment And Response To Office Action And Petition For Extension Of Time

 Applicant: Van Den Nieuwelaar  
 Art Unit: 3643

USSN: 09/915,027

Examiner: Parsley, David

 For: Method And Device For Making An Incision In The Skin Of A Slaughtred Animal, And  
 For Performing A Subcutaneous Operation

**TO BE COMPLETED BY KS OPERATIONS CENTER**

TRANSMISSION RECEIPT DATE/TIME: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

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PTO/SB/21 (09-04)

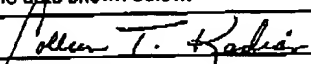
Approved for use through 07/31/2006, OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/915,027
	Filing Date	07/25/2001
	First Named Inventor	Van Den Nieuwelaar
	Art Unit	3643
	Examiner Name	Parsley, David J.
Total Number of Pages in This Submission	Attorney Docket Number	V0028/260870

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/ Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-2038 Credit Card Payment Form
<b>Remarks</b>  		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	KILPATRICK STOCKTON LLP		
Signature			
Printed Name	Kristin J. Doyle		
Date	May 19, 2005	Reg. No.	44,807

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature		Date	May 19, 2005
Typed or printed name	Colleen Kadian		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the gathering, preparing, and submitting the completed application form to the USPTO, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 120

## Complete If Known

Application Number 09/915,027  
Filing Date July 25, 2001  
First Named Inventor Van Den Nieuwelaar  
Examiner Name Parsley, David J.  
Art Unit 3843  
Attorney Docket No. V0028/260870

## METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : Kilpatrick Stockton LLP  
☒ Deposit Account Deposit Account Number: 11-0855 Deposit Account Name: Kilpatrick Stockton LLP  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17  
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description		Small Entity	
		Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims		Multiple Dependent Claims	
		Fee (\$)	Fee Paid (\$)
-20 or HP=		x	=
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims		Fee Paid (\$)	
		Fee (\$)	Fee Paid (\$)
-3 or HP=		x	=
HP = highest number of independent claims paid for, if greater than 3.			

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x

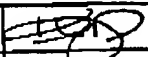
Fees Paid (\$)

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

## SUBMITTED BY

Signature  Registration No. 44,807 Telephone 404-815-6389  
Name (Print/Type) Kristin J. Doyle Date May 19, 2005

This collection of information is required by 37 CFR 1.126. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
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MAY 19 2005

PTO/SB/22 (12-04)

Approved for use through 7/31/2008. OMB 0851-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) V0028/260870
Application Number 09/915,027		Filed July 25, 2001
For Method and device for making an incision in the skin of a slaughtered animal, and for performing a subcutaneous operation		
Art Unit 3843		Examiner Parsley, David J.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$120
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to

Deposit Account Number 11-0855. I have enclosed a duplicate copy of this sheet.

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I am the

☐ applicant/inventor.

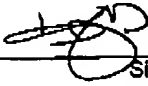
☐ assignee of record of the entire interest. See 37 CFR 3.71. 05/20/2005 BBONNER 00000002 09915027

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). 120 00 0P

☒ attorney or agent of record. Registration Number 44,807

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

  
\_\_\_\_\_  
Signature  
Kristin J. Doyle  
\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
May 19, 2005  
\_\_\_\_\_  
Date  
404-815-8389  
\_\_\_\_\_  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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